

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	Bm		06-27-61
FORMALITY REVIEW	A-S	943	7-24-1
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	11/13
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27	✓ ✓ ✓
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29	
30	✓
31	✓
32	✓
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35	✓
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37	✓
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40	✓ ✓ ✓
41	✓ ✓ ✓
42	
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49	
50	✓

Claim	Date
Final	
Original	
51	11/13
52	✓
53	
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55	✓
56	✓
57	
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62	✓ ✓ ✓
63	✓ ✓
64	✓ ✓
65	✓
66	✓
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81	
82	
83	
84	
85	
86	
87	✓
88	○
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94	○
95	○
96	✓
97	
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99	
100	✓

Claim	Date
Final	
Original	
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108	○
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If more than 150 claims or 10 actions  
staple additional sheet here

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02/24/01